

RICHMOND FIELD HOSPITAL
(Kaiser-Permanente Hospital)
1330 Cutting Boulevard
Richmond
Contra Costa County
California

HABS No. CA-2720

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7-RICH,
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WRITTEN HISTORICAL AND DESCRIPTIVE DATA

Historic American Buildings Survey
National Park Service
U.S. Department of the Interior
1849 C St., NW Room NC300
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HISTORIC AMERICAN BUILDINGS SURVEY

RICHMOND FIELD HOSPITAL
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Location: 1330 Cutting Boulevard, Richmond, Contra Costa County, California

Dates of Construction: 1942, with additions 1943; 1944; 1945.

Architect: Unconfirmed; possibly Ed Cerruti of Kaiser Engineering.

Present Owner: Islamic Community of Northern California

Present Use: Vacant

Significance: The Richmond Field Hospital for the Kaiser Shipyards was financed by the United States Maritime Commission, and opened on August 10, 1942. Sponsored by Henry J. Kaiser's Permanente Foundation, it was run by Medical Director Sidney R. Garfield, M.D. The Field Hospital served as the mid-level component of a three-tier medical care system that also included six well-equipped First Aid Stations at the individual shipyards, and the main Permanente Hospital in Oakland, where the most critical cases were treated. Together, these facilities served the employees of the Kaiser shipyards who had signed up for the Permanente Health Plan (commonly referred to as the "Kaiser Plan"), one of the country's first voluntary pre-paid medical plans, and a direct precursor to the Health Maintenance Organizations (HMOs) defined by the federal HMO Act of 1973. By August 1944, 92.2 percent of all Richmond shipyard employees had joined the plan, the first voluntary group plan in the country to feature group medical practice, prepayment, and substantial medical facilities on such a large scale. After the war ended, the Health Plan was expanded to include workers' families. By 1990, Kaiser Permanente was still the country's largest nonprofit HMO.

In part due to wartime materials rationing, the Field Hospital is a single-story wood frame structure designed in a simple modernist mode. Originally intended for use primarily as an emergency facility, the Field Hospital opened with only ten beds. Later additions increased its capacity to 160 beds by 1944. The Field Hospital operated as a Kaiser Permanente hospital until closing in 1995. Its current owners, the Islamic Community of Northern California, plan to convert the building into a mosque and community center.

Historian: Alicia Barber, summer 2001

Project Information: This project was sponsored by the Rosie the Riveter/World War II Homefront National Historical Park in Richmond, California, National Park Service, Judy Hart, Superintendent. The documentation was undertaken by the Historic American Buildings Survey (HABS), E. Blaine Cliver, Chief, HABS/HAER, under the direction of Paul Dolinsky, Chief of HABS. Project oversight was provided in the HABS/HAER Washington, D.C. office by Richard O'Connor (HAER Historian) and Lisa Pfueller Davidson (HABS Historian). Alicia Barber (University of Texas, Austin) served as project historian in Richmond.

Part I: The Kaiser Shipyards in Richmond

Richmond, California is located on the eastern side of the San Francisco Bay, or the "East Bay," sixteen miles northeast of the city of San Francisco. In its early years, the area was devoted primarily to agriculture, and then to railroad and industry, shaped by the establishment there in 1900 of the western terminus of the Atchison, Topeka and Santa Fe Railroad. The harbor was dredged and improved beginning in 1907, in order to facilitate use of the extensive coastline for industrial purposes. Sizable manufacturing and industrial interests established in early Richmond included the Pullman Palace Car Shops, a Standard Oil refinery, and a Ford Assembly Plant, among others.

The small town was completely transformed at the onset of World War II when Henry J. Kaiser chose Richmond as the site of a massive shipyard operation. Kaiser was one of the most prominent and energetic American industrialists of the twentieth century. Born in upstate New York in 1882, he migrated westward at a young age and established his first company, Kaiser Paving, in British Columbia in 1914. He then worked on a number of road and irrigation projects throughout the American west.¹ In the 1930s, he earned federal contracts to work on a number of the major dams of the New Deal, including Hoover, Grand Coulee, Bonneville, and Shasta.² Working at sites often far from established facilities, he had to arrange medical care for the enormous numbers of workers on these projects.

With the onset of World War II, Kaiser was determined to be a part of military production. In late 1940, Kaiser, in partnership with the Todd Shipbuilding Company of Seattle, won a contract to build thirty ships for the British government at the new Richmond shipyards. Construction of Yard One began in January 1941 and Yard Two of April that same year. One month before the Japanese attack on Pearl Harbor in December 1941, Kaiser formed the Permanente Metals Corporation. He bought out Todd to become the sole owner of both the shipyards at Richmond and the Oregon Shipbuilding Corporation in Portland. He then won a contract with the United States Maritime Commission (USMC) to build Liberty cargo ships for the American military. Yard Three was built beginning in January 1942. Kaiser added Yard Four in Richmond in 1943, the same year he established the Swan Island and Kaiser-Vancouver shipyards in the Oregon/Washington State border area. He also established a steel mill in Fontana, California, to supply steel for his ships. By 1944, the Kaiser Company was the largest shipbuilder in the country.³

The San Francisco Bay Area, along with Detroit and Seattle, offered the highest defense area wages in the nation, with billions of dollars in defense contracts allotted to the region's industries.⁴ In order to staff his shipyards with the thousands of workers needed, Kaiser solicited

¹ Rickey Hendricks, *A Model for National Health Care: The History of Kaiser Permanente* (New Brunswick: Rutgers University Press, 1993), 11.

² Hendricks, 1.

³ Hendricks, 44; Nancy Goldenberg and Jody R. Stock. "Richmond Shipyard Number Three," Contra Costa County, California, (National Register of Historic Places Registration Form, 1999), 15, U. S. Department of the Interior, National Park Service, Washington, D. C.; Charles Wollenberg, ed., *Photographing the Second Gold Rush: Dorothea Lange and the East Bay at War, 1941-1945* (Berkeley: Heyday Books, 1995), 18.

⁴ Marilyn S. Johnson, *The Second Gold Rush: Oakland and the East Bay in World War II* (Berkeley: University of California Press, 1993), 44.

workers from the South and Midwest, and migrants swarmed to the coastal shipyards. Richmond almost instantly transformed from a small industrial town to an overcrowded small city. The population rose from 23,642 in 1940 to 130,000 by April 1943.⁵ Services were strained. Henry Kaiser was intensely aware that he needed to provide housing and other community services immediately, or risk losing his work force. The shortage of available housing in the area meant that thousands of workers and their families were forced to live in cars, barns, and even makeshift tents. Some workers with no homes at all worked the night shift so they could sleep in area parks during the day.

The housing shortage only aggravated new workers' physical and mental health. As the majority was ineligible for the draft, due to infirmity or age, many of these new employees were already in relatively poor health. As one contemporary writer reported, somewhat dramatically, "The shipbuilders... are a strong host not only of the healthy, but the half-sick, the half-alive, the maimed, the partly blind. Thousands are 4-F's, rejects from the draft. Thousands are women not used to industry's strain."⁶ According to one of Kaiser's own doctors, the shipyard workers comprised "a walking pathological museum." Hernias and respiratory illnesses, especially pneumonia, were extremely common.⁷ To make matters worse, sanitation in Richmond was sadly deficient, with no shower, sewer, or trash collection systems in many of the workers' makeshift living situations. Workers' place of origin seemed to determine other medical problems. Recruits from the South seemed to be in worse health than the others, possibly due to vitamin B1 deficiencies, causing them to suffer a higher percentage of heart conditions and similar ailments. Southerners were also four times more likely than northerners to suffer from syphilis.⁸

Kaiser knew he had to protect his work force from conditions that would absent them from the shipyards. A writer for the *Saturday Evening Post* agreed that "illness absenteeism in many war plants cannot be controlled until all manner of extraneous problems of bad housing, fuel shortages and poor eating facilities have been remedied."⁹ The article stressed the need for the construction of new housing and improved transportation. In mid-1942, the Federal Housing Authority and the United States Maritime Commission, in conjunction with the Kaiser Company and the Richmond Housing Authority, began building 25,000 units of new housing for Kaiser's shipyard workers.¹⁰ This began to relieve the housing problem and improve sanitary conditions, but there were still other needs to be fulfilled. Kaiser's health plan was created specifically for these workers in order to keep them productive.

Part II: The Permanente Health Plan

Precedents

⁵ Johnson, 33.

⁶ Paul De Kruif, *Kaiser Wakes the Doctors* (New York: Harcourt, Brace and Company, 1943), 4.

⁷ John G. Smillie, *Can Physicians Manage the Quality and Costs of Health Care?: The Story of The Permanente Medical Group* (Oakland, CA: The Permanente Foundation, 2000), 41.

⁸ Hendricks, 50, 55.

⁹ Austin M. Fisher, "Absenteeism Can Be Licked," *Saturday Evening Post*, 22 May 1943, 90.

¹⁰ Wollenburg, 18.

Kaiser's wartime health plan was in many ways groundbreaking, but it was not unprecedented. Indeed, his plan fit into a well-established tradition of employer-sponsored medical plans in the United States. Although the term "Health Maintenance Organization" (HMO) was not coined until the 1970s, American employers had long been involved in the provision of health care for their employees. As early as 1798, the Marine Hospital Service established a prepaid group plan, changing its name to the U.S. Public Health Service (USPHS) in 1912.¹¹

Voluntary medical programs also developed early. Some of the most innovative plans were established in the American West where mining interests, railroads, and lumber camps employed enormous numbers of workers during the nineteenth and early twentieth centuries. Such plans developed out of sheer necessity, adapted to the needs of these industries for consistent, encompassing medical care in order to maintain production. In these cases, associated physicians made contract arrangements with industry management. The earliest of these prepaid group plans was a private plan offered by La Societe Francaise de Bienfaisance Mutuelle, established for the French community of San Francisco in the first year of the Gold Rush (1848-49). The State Marine Hospital was established there that same year. The Southern Pacific Railroad Company also established a group prepayment plan during the construction of the transcontinental railroad in the 1860s.¹²

Workers' compensation laws, passed first in the Pacific states between 1910 and 1920, encouraged these industrial plans to expand. Physicians established contracts with the railroad, lumber, and mining industries of the Pacific Northwest around the turn of the century. The Western Federation of Miners (WFM) was one of the first groups to establish an extensive mutual aid and hospital network. The Ross-Loos Clinic in Los Angeles was a private group practice founded in 1929 to serve the thousands of workers employed by the Los Angeles municipal water board. Several hundred group prepayment plans, emerged across the country after the New Deal. Voluntary and egalitarian, these programs were founded by private industry, private physicians' groups, and consumer cooperatives.¹³ Fraternal orders, such as the Elks, also established their own prepaid group plans.¹⁴ By January 1943, there were a reported 24 group care plans sponsored by consumers in the United States.¹⁵ The Kaiser Plan was therefore hardly the earliest group medical plan in the country, but it would become the largest.

Controversy over Group Practice

Change often breeds controversy, and the early-prepaid medical plans were no exception. Members of the mainstream medical community, especially their primary professional organization, the American Medical Association (AMA), bristled at the divergence of these plans from traditional medical practice. Their objections were prompted by anxieties over the loss of control over medical practice once industry became involved. They also feared loss of income, economic competition, and weakening of the personal doctor-patient relationships that had long

¹¹ Hendricks, 5.

¹² Hendricks, 5-6.

¹³ Hendricks, 5-7.

¹⁴ Mark S. Foster, *Henry J. Kaiser: Builder in the Modern American West* (Austin: University of Texas Press, 1989), 212.

¹⁵ "Reckless Driving," *San Francisco Chronicle*, 24 January 1943, 8.

been the hallmark of private practice. These relationships had been characterized by the traditional "fee-for-service" policy by which patients paid doctors for individual medical services and treatments at the time rendered. For its supporters, this policy created a personal relationship between doctor and patient that was both simple and efficient, allowed a patient to choose his/her own doctor, and kept record keeping to a minimum. For its detractors, it created a situation in which doctors could charge astronomical fees to patients who were sick and vulnerable.

The medical community's objections to the new prepaid plans quickly took legal form. One well-publicized example involved the Group Health Association (GHA), which was formed by 2500 government employees in Washington, D.C. in 1937. The employees borrowed \$40,000 from the Home Owner's Loan Corporation to create a non-profit group health plan. Membership rose to 6,000 by 1938. Almost immediately, a local medical association affiliated with the AMA threatened to expel the physicians involved in the GHA from the District of Columbia Medical Society (DCMS), citing them for "unethical conduct." Officially, the AMA protested the GHA's limitations of its patients' choice of doctors, and prevention of free competition among physicians.¹⁶ However, group plans won a victory when the Justice Department in turn prosecuted the AMA, DCMS, and twenty-one physicians for restraint of trade according to the Sherman antitrust law. In January 1943, this decision was upheld by the U.S. Supreme Court, definitively casting medical practice as a "trade" like many others, and contributing to the gradual erosion of the traditionally elite status of physicians in American society. The decision confirmed that physicians now had the right to choose whether or not to practice in conjunction with health plans.¹⁷

Origins of the Permanente Health Plan

Kaiser's health plan emerged out of practical considerations like the industrial plans that preceded it, but it moved one step beyond existing plans in its scope and depth of coverage. As a result, his plan became incredibly influential, setting a new standard for subsequent prepaid group plans to follow. According to Kaiser, this was no mistake. Early in his career, he had voiced his concern for the social needs of America's workers, revealing an impetus that was as moral as it was practical. A perhaps apocryphal story that he told on many occasions was of his mother dying in his arms, unable to afford medical treatment, when he was just sixteen years old: "We were poor. We could not afford a doctor nor the hospital care which could have saved her life. I resolved then and there to do something about people dying for lack of medical care."¹⁸ He claimed to have been convinced back then of the importance of preventive, accessible health care for the masses. As one historian wrote, "By his last years, he had told the story so many times that he probably believed it," noting that although Kaiser had large numbers of employees by 1914, he did little to promote employee health care until the late 1930s.¹⁹

The guiding genius of Kaiser's health plan was a young doctor named Sidney Garfield, who had attended medical school at the University of Iowa, and completed his residency at the

¹⁶ "Reckless Driving," *San Francisco Chronicle*, 24 January 1943, 8.

¹⁷ Hendricks 8-9; "Supreme Court: American Medical Association Conviction is Unanimously Upheld," *San Francisco Chronicle*, 19 January 1943, 10.

¹⁸ Kaiser Industries Corporation, *The Kaiser Story* (Oakland, CA: Kaiser Industries Corporation, 1968), 55.

¹⁹ Foster, 211.

Los Angeles County Hospital. Garfield possessed the requisite medical expertise along with a vision to complement Kaiser's own. He was working as a physician in Los Angeles in 1933 when he spotted an intriguing medical opportunity in the construction project to build the Los Angeles Harbor. Garfield personally financed the construction of the twelve-bed Contractor's General Hospital in the Port of Los Angeles. He then hired a small group of physicians to provide medical care for the thousands of workers on the project. They began with a "retainer service" arrangement, but a failed attempt to secure a contract for the hospital's operation.

For the project, Garfield developed an innovative system by which the workmen's compensation insurance carriers would pay him a percentage of the premiums paid to them by the employers associated with the project, for the provision of medical care. The employers voluntarily contributed five percent of the cost of the project to the hospital as a provision of non-hospital care. This arrangement reduced the cost of securing physician's services as well as the cost of medical care for the workers. The hospital was able to pay off his debt for the project. The hospital was a small, one-story building near the Parker (commonly referred to as the "Kaiser Plan"), one of the shipyards who had signed up for the Permanent Health Plan. Garfield was able to build the hospital at a profit and had signed on to build the hospital. He was in charge of establishing health care for the workers and hired him in 1938 to provide medical care for the workers. Garfield established his own medical practice, Garfield and Associates, and a number of physicians were recruited. Cutting, M.D., a young physician, was recruited to provide medical care for the workers. The insurance carriers pre-paid Garfield a percentage of the employer-paid worker's compensation, and the employees themselves agreed to a payroll deduction of fifty cents per week for medical care.²¹

Present Owner: Islamic Community of Northern California

In January 1941, Kaiser's other son, Henry Kaiser, Jr., who was in charge of personnel and labor relations, returned to Los Angeles, with a request for him to set up an ideal medical plan for the employees of Richmond's Yard One. Garfield and Associates had been successful in securing contracts with insurance providers in the Bay area. However, the insurance carriers would not agree to the arrangement until the following year, when the project was well advanced. The medical care for workers even more critical.²²

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²⁰ "Origin and Development of the Principles of the Kaiser Health Plan," [ca. 1945], Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 30; Kaiser Industries Corporation, 55; De Kruij, 24, 28, 41; "A New Economy in Medicine," *Fortune*, 25 May 1945, 1.

²¹ Foster, 213-15; Kaiser Industries Corporation, 57; De Kruij, 55.

²² De Kruij, 71.

By June 1941, it was clear that Richmond's medical facilities were completely insufficient for the city's burgeoning population. By one count, only twenty-nine local doctors were available to assist the 16,000 new workers, in addition to the town's existing residents.²³ The small city hospital could not handle all the additional cases and the number of emergency cases of injuries from the shipyards.²⁴ In addition, several local hospitals would not admit or even treat non-white patients, and many of the new employees who had migrated from the South and Midwest were African Americans. Locally, as on a national scale, the existing situation was not ideal for employers such as Kaiser who wanted to provide medical care to their workers. Adequate medical facilities could not be constructed and equipped solely through the funds derived from industrial medical cases. Kaiser's solution was to create a prepaid medical plan that would take care of all of workers' medical needs, industrial or not, using prepayments to fund the best possible facilities.

Kaiser brought Garfield back to Richmond again in early 1942 in the role of a temporary medical consultant. A reserve member of the U.S. Army Medical Corps, Garfield had recently been called to active service, and was scheduled to leave for India in one month. When it became clear that only Garfield had the expertise to run the medical program, Kaiser secured a draft release for Garfield that was personally signed by President Roosevelt.²⁵ In February, Kaiser and Garfield successfully negotiated terms with insurance carriers, to ensure that shipyard workers' health would be properly safeguarded and the company protected. Industrial accidents would be covered by Kaiser under the jurisdiction of the Industrial Accident Commission.²⁶ Compensation insurance for Yards One and Two was placed with the Fireman's Fund Indemnity Company, and for Yards Three and Four, at Industrial Indemnity, later replaced by the Hartford Accident & Indemnity Company. Kaiser management suggested that Garfield negotiate with these insurance carriers a health plan under which he would furnish medical services for the workers.²⁷

Garfield informed the USMC that he would not manage the health plan unless he was given permission to work with the same insurance concerns with which he had contracted in the past. These included the Industrial Indemnity Company of San Francisco, in which Henry J. Kaiser held a 30 percent interest. Kaiser also had a 30 percent interest in an affiliated safety engineering organization, said to be "built up by the Kaiser interests," which acted as attorney-in-fact for Industrial Indemnity, who also supplied insurance for the Todd-California Shipbuilding Corporation. Garfield's request was approved on February 19, 1942.²⁸ He then set about recruiting physicians to work for him, the first being Cecil Cutting, who became Garfield's chief of staff. Cutting had expertise in all types of surgery, from mammary artery implants to

²³ Hendricks, 45.

²⁴ Alyce Mano Kramer, "The Story of the Richmond Shipyards," 1945, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 288, Folder 5, 68.

²⁵ Smillie, 31.

²⁶ "First Aid's the Best Aid," *Fore 'N' Aft*, 14 July 1944, 7.

²⁷ "Richmond Shipyards: Industrial Medical and Hospital Facilities," [ca. 1943], Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 21.

²⁸ B.K. Ogden to The Kaiser Company, 18 February 1942, Production Division, Shipyard Facilities File, RG178 U.S. Maritime Commission, National Archives II, College Park, Maryland, Entry 83, Box 841, 3.

neurosurgery and orthopedics.²⁹ They continued to recruit new doctors, many from Stanford, the University of California at San Francisco, and the San Francisco General Hospital.³⁰

Implementation of the Permanente Health Plan

With the need for medical care so urgent, Garfield needed to locate facilities as quickly as possible. Temporary measures would have to do until permanent structures could be located or constructed. On March 1, 1942, Sidney Garfield and Associates opened administrative offices at the Medical Center Building at 411 30th Street in Oakland, a larger community than Richmond, with more available space and existing buildings. Garfield began by providing industrial care only, lacking the time and room for additional clinics and preventive programs. Six doctors and six nurses provided industrial care to the 20,000 workers at Yards One and Three, using twenty temporary beds that had been set aside for Kaiser workers at Oakland's Merritt Hospital, one of the city's three major hospitals.³¹ The plan derived 17.5 percent of the premium payment for coverage from the insurance carriers. The rest of the premium would be supplied by individual workers at a prepayment cost of fifty cents per week to cover nonindustrial medical needs.³² From the perspective of Garfield and Associates, this meant that 40 percent of his organization's income came from the industrial insurance companies, and the remaining 60 percent from worker contributions.³³

With Garfield and Cutting at the helm, the Health Plan could begin to serve Kaiser's workers. An outline of the plan was submitted to the U.S. Maritime Commission for final approval, with the stated goal of "prevention of illness through medical treatment administered at the proper time."³⁴ Non-industrial care, including preventive care, was critical to the health plan as originally envisioned. With the construction of new facilities, the health plan finally opened to non-industrial care for Yards One and Three on August 16, and for Yard Two on September 19, 1942.³⁵

The Health Plan was founded upon three key principles: prepayment through payroll deduction, group care, and adequate facilities. Garfield had seen the clear benefits of prepayment with his previous medical plans at Desert Center and Grand Coulee. Prepayment was necessary to ensure creation of high quality medical facilities. This practice also enabled the hiring of a staff of highly qualified physicians, nurses, and administrative workers. Most importantly for the average worker, prepayment finally made good medical care affordable. The plan cost fifty cents per week (or, as it was often stated, seven cents per day), which was deducted from the weekly paychecks of all workers who joined. Feeling they had already paid for their treatment, workers rightly felt entitled to preventive, early care. As the plan's founders stated, prepayment "brings the patient to the physician earlier in his illness and more often."³⁶ An article in the

²⁹ Hendricks, 42.

³⁰ Smillie, 32.

³¹ Sidney Garfield, "First Annual Report of the Permanente Foundation Hospital," [ca. 1943], Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 20; Hendricks, 48.

³² Hendricks, 46.

³³ De Kruif, 99.

³⁴ "Hospitals Sponsored by Mr. and Mrs. Kaiser," *Fore 'N' Aft*, 30 July 1942, 3.

³⁵ "Now in Yard Two," *Fore 'N' Aft*, 10 September 1942, 2.

³⁶ "Origin and Development," 4.

weekly *Fore 'N' Aft* newsletter rejoiced that "Health Plan members can afford to have eyes examined, colds treated, cuts bandaged, tonsils removed, or treatments for that run-down feeling."³⁷ To stress the plan's affordability, one promotional article equated the daily deduction with "one-half the cost of a pack of cigarettes." In selling the plan to the company's employees, Kaiser management stressed not only its affordability, saying it was less expensive with better care than other private facilities. They also mentioned the advantage of the well paying for the sick, as opposed to forcing the sick and vulnerable to fend for themselves.

The plan's second component, group care, was still not a widespread practice at this time. In 1940, only 1.2 percent of all physicians practiced in groups, and this number would not rise considerably through the war years.³⁸ Group practice meant that the company could employ specialists in a number of fields as well as general practice physicians. A highly competitive salary scale made the group practice even more appealing to the medical staff. In early 1943, a general service physician working for Kaiser would begin at a minimum of \$400 per month, with salary increases at six months and one year, for a maximum monthly salary of \$610. For the Chief of Staff, the monthly salary ranged from \$600 to \$1210.³⁹ Initial monthly salaries for the nursing staff ranged from \$150 to \$175 per month.⁴⁰ According to the Health Plan's founders, group care "result[s] in many advantages and economies, chief of which is the economy of quality medical care, saving in transportation, saving in avoiding duplication of equipment, personnel and facilities, economy resulting from ease of consultation, the stimulation of working with well qualified men in various fields, the utilization of the young physicians in such groups to the maximum of their capabilities under supervision, and other advantages."⁴¹ They cited the Mayo Clinic and universities throughout the country as further proof of the benefits of group practice.

Fulfilling the plan's third component, adequate facilities, was a bit more of a challenge in the rush to open the plan as quickly as possible. Originally, the facilities were somewhat cramped, and they improved measurably as the two hospitals were quickly improved and expanded. Garfield himself wrote that "Adequate facilities bringing the doctors' offices, hospital, laboratory, x-ray, etc. under one roof are extremely necessary for efficient organization of medical and hospital services."⁴² The extensive three-tier system medical facilities including the shipyard first aid clinics, Richmond Field Hospital, and Permanente Hospital in Oakland will be described in detail below.

In combining these three components—prepayment, group care, and adequate facilities—the Kaiser Company offered its workers one of the most complete and affordable industry-sponsored medical programs in the nation. After an initial delay while its benefits were introduced and explained, the plan grew to be very popular among Kaiser employees, who were bombarded with information about it. For instance, when the plan was launched at Yard Two in

³⁷ "How We're Cared For," *Fore 'N' Aft*, 14 April 1944, 20.

³⁸ By 1946 it had only risen to 2.6 percent. By 1955 the number had risen to about 5 percent. Hendricks, 212.

³⁹ Sidney Garfield to Robert E.S. Young, M.D., 27 January 1943, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 18.

⁴⁰ Garfield, "First Annual Report," 5.

⁴¹ "Origin and Development," 4.

⁴² Sidney Garfield to Alfred W. Jones, 19 July 1944, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 126, Folder 16, 1.

September 1942, Health Plan booklets were distributed at the shipyard checkout stations by Time Checkers and along with workers' paychecks. New yard employees had the plan explained to them by the Office of Personnel. The loudspeaker system was used to explain the plan a few days after the booklet distribution. Also Health Plan representatives met personally with shipyard supervisors to ensure that they could pass on accurate information to their workers. The plan was also promoted in the shipyard's official weekly newsletter, *Fore 'N' Aft* under the headline "Health is Vital to Victory."⁴³ A check-off system implemented by management made membership in the plan virtually automatic, although it remained voluntary. As Henry J. Kaiser, Jr. wrote in a memo to all shipyard department heads, "Absolutely no coercion is to be used at any time. However, salesmanship is permissible."⁴⁴ Joining the plan was presented in the introductory booklet as a patriotic duty, linked directly to the Allied forces' ability to overcome the enemy:

Based on national experience, it is estimated that when the Richmond Shipyards are in full production, unless preventative measures are taken, a total of 720,000 working days a year will be lost due to accidents occurring away from work and due to illness. With those lost days, you could build ten ships. With those lost days, you could earn more than four million dollars. Such waste is tragic when the Nation is fighting for its very life and when ships are its greatest need. For the lack of even *one* ship to carry vital war materials to some desperate group of fighting men may well cost them their lives and rob them of their chance to win a splendid victory.⁴⁵

By January 1943, 62 percent of Richmond's workers had joined the plan. By June 1944, the company reported that 87 percent of the total payroll, or more than 62,000 workers, had joined, and by August of that year, the number was reportedly up to 92.2 percent.⁴⁶ The company even had to close enrollment to new employees periodically, to avoid overwhelming the medical staff.

Many believed the health care plan should serve workers' families as well. As a USMC official stated in February 1942, "if the hospital can also provide care for the families of the workmen they will be happier and will do better work."⁴⁷ This would not happen until 1944, due to several factors including the lack of sufficient facilities, as well as the loud objections of private physicians, whose practice would suffer very much from such expansion into their territory.⁴⁸

Employees were made to feel confident that their medical needs could be covered at all times. Medical services were available twenty-four hours per day. The 1942 booklet stressed that "There are no limitations with respect to the cost of any of the services rendered under the Plan,"

⁴³ R. H. Tisch, Memo, 3 September 1942, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 17; "Health is Vital to Victory," *Fore 'N' Aft*, 13 August 1942.

⁴⁴ Henry J. Kaiser, Jr. to Jack Mullin et al., 26 August 1942, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 17.

⁴⁵ "A Health Plan for the Employees of the Richmond Shipyards," 1942, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 288, Folder 3.

⁴⁶ Kramer, 70.

⁴⁷ Ogden to The Kaiser Company, 3.

⁴⁸ Hendricks, 78.

and that therefore "Subscribers are invited at all times to seek advice and attention for minor ailments so as to avoid more serious illnesses." Medicines, medical and surgical supplies, vaccinations and inoculations prescribed by the plan's physicians would be furnished without additional charge, with vitamins and hormones available at cost. Diagnostic services were also included, such as electro-cardiograms, urinalysis, blood counts and blood chemistries, dental x-rays, and eye examinations. Hospital care included 111 days of room and board for any single illness; private rooms and private nurses when prescribed; surgery, x-rays, laboratory, medicines, physiotherapy, and blood transfusions. Home care when necessary and ambulance service within thirty miles were also included. Not included at the plan's outset were treatment for pre-existing chronic illnesses that had been treated within the past twelve months, dental services or dentures, "afflictions or diseases which become epidemic," childbirth, pregnancy and miscarriage, artificial limbs, glasses, glass eyes, and "injuries and illnesses resulting from acts of the public enemy." Care for insanity was limited to thirty days. Membership in the plan terminated with the end of the worker's employment at the shipyards.⁴⁹

Significance of the Permanente Health Plan

The plan immediately attracted national attention from the general public, mass media, industrialists, and affiliated physicians contemplating similar plans. An article in *Fortune* magazine lauded the Kaiser, Ross-Loos, and GHA plans as harbingers of a new trend toward prepaid group practice plans and affordable health care for all Americans. Of these, the plan at the Kaiser shipyards was the largest.⁵⁰ Henry J. Kaiser himself presented his Health Plan as a national model for health care. He believed such medical plans were the wave of the future and should operate nationwide, implemented by industry, community, or "by any other way that can be arranged." He believed that the government should take responsibility for financing 50 percent of the cost of a thousand hospitals to support similar plans after the war ended.⁵¹

Group prepayment plans were being utilized by a tiny segment of the American population, but they were gaining in popularity during the war years. Private insurance, such as that offered by Blue Cross/Blue Shield, provided the typical sort of medical coverage held by most Americans. A study conducted by the AMA in June 1943 revealed that more than 1.5 million employees and their dependents were enrolled in 124 industrial prepayment plans. The study also found that almost 400,000 individuals had subscribed to twenty-three private group practice plans, and 185,000 members were enrolled in thirty consumer-sponsored prepayment plans. One historian has called this trend a "revolution" in non-governmentally-funded health care.⁵² Kaiser officials admitted that "There are other prepaid medical plans besides the health plan," but claimed that "most commercial plans, however, are more expensive and usually provide only a minimum of care," and that "none of them is able to practice preventative medicine," as did Kaiser.⁵³

⁴⁹ "A Health Plan for the Employees."

⁵⁰ Hendricks, 76.

⁵¹ Hendricks, 8; "'Prepaid Medical Care': Dream of the Future," *New York Herald Tribune Weekly Book Review*, 12 September 1943, VIII.

⁵² Hendricks, 85-86.

⁵³ "It's Simple...and It Works!" *Fore N'Aft*, 1 December 1944, 16-17.

Garfield placed the plan in the context of an even larger cultural shift, arguing that "a new concept of hospitalization is developing. No longer is a hospital a dreaded place to which one is taken when critically ill, but an attractive place to go to with early symptoms and complaints to keep from getting seriously ill."⁵⁴ To Garfield, prepaid medical care was better medical care. He claimed:

Where prepaid funds go directly to a medical group operating in adequate facilities, such funds not only are able to furnish high grade medical care, give comprehensive coverage and amortize facilities, but in addition, reverse the economy of medicine and creates a situation whereby the doctor, other service personnel and the hospital facilities are all better off if the patient does not become ill.... There would be more funds available for remuneration for service personnel, doctors, research, teaching if the people on the plan are kept well.⁵⁵

One of the most significant features of Kaiser's health plan was its specific orientation toward working-class individuals. Before the onset of group plans, health care was widely considered to be available only to the wealthy, at expensive clinics, and to the indigent, in public hospitals. The middle class was often left out of this scheme, forced either to save up to afford the good clinics, to undergo questionable care at more affordable ones, or to go without health care entirely. As a Pittsburgh columnist put it, in 1944, "The rich could get the best treatment money would buy; the poor were generally looked after free."⁵⁶ As doctors' fees escalated, and personal incomes were hard hit by the depression, the problem worsened for the poorer members of society. In the early 1930s, many physicians' incomes had fallen considerably due to patients' inability to afford their private fees. The Kaiser program removed the economic barrier, changing the way a large segment of the population viewed, and approached, health care. One historian writes that "Kaiser Permanente attracted growing public support because it filled a critical gap in the welfare infrastructure. Government, the medical profession, and the insurance industry failed to reduce medical cost barriers for working-class and middle income families" while Kaiser, in contrast, did just that.⁵⁷ One contemporary observer called Kaiser's hospital facilities a "Mayo clinic for the common man."⁵⁸

This affordability led directly from the plan's rejection of the traditional fee-per-service payment arrangement. Kaiser's Health Plan represented a clear shift away from solo fee-per-service practice to the prepaid group plans and health maintenance organizations (HMOs) that transformed the structure of the country's health care in the twentieth century. It merged industrial medicine, public health, and free enterprise to create a system that benefited all parties.⁵⁹ This allowed more patients to pay their own expenses. Many Americans could not afford the old arrangement, because it demanded so much payment at the time of treatment. To many observers, national health care reform was inevitable, because Americans could not afford the traditional system. The greater affordability of health care also meant that patients were

⁵⁴ Garfield, "First Annual Report," 8.

⁵⁵ Sidney Garfield to Alfred W. Jones, 2.

⁵⁶ "Pay-Its-Way Medicine," *Pittsburgh Post-Gazette*, 24 February 1944.

⁵⁷ Hendricks, 8, 209.

⁵⁸ De Kruif, 137.

⁵⁹ Hendricks, 5, 76.

likely to come to the hospital sooner, meaning that many more ailments could be caught, and treatment for them begun, before a patient's condition became too serious. The focus on preventive health care meant that people didn't get as sick. And as an additional incentive, as one historian wrote in 1945, "the more fit the Health Plan kept its members, the more funds it had to spend on research and preventative medicine."⁶⁰

In re-envisioning the relationship between doctor and patient, such plans began to redefine the role of physicians in American society. By some accounts, they transformed medicine into a business that served consumers, signifying a waning of the cultural authority of medical professionals. One account stated that Kaiser's own background contributed to this cultural shift: "The pragmatic Henry Kaiser had shown more respect for the independence of the working-class family than for the professional autonomy of the Permanente physicians, a consequence of his own cultural identity. He was a populist, a man of little education and no elitist pretense. In Kaiser's mind the physicians were employees. Industrial workers had the more elevated status as producers and consumers of material goods and services, including the commodity of health care." By this reasoning, it was through health plans like Kaiser's and the GHA court decision over the AMA that "medicine was defined as a business that served consumers, subject to the same free enterprise regulations as other areas of commerce and industry."⁶¹

This attempt to redefine medical practice did not come without its detractors. In California, Kaiser's physicians would repeatedly find themselves up against the California Physicians Service (CPS), a medical society-sponsored prepayment plan formed in 1939 that included 5,000 of California's 7,000 physicians.⁶² As sociologist Paul Starr wrote, "The response of the medical profession to Kaiser was entirely in keeping with the long-term pattern of defensive prepayment adopted ever since physicians in Washington and Oregon set up their own plans to fight commercial prepayment plans." Other physicians objected to the idea of an industrialist purportedly taking over a medical practice. The editor of the *Journal for the American Medical Association (JAMA)*, Morris Fishbein, demonstrated this bitterness in a tirade in which he announced that Kaiser's attempts (evidently successful) to obtain draft deferment status for his doctors, as well as restricted construction materials and equipment for his medical facilities, demonstrated "the desire of some industrial leaders and of their full-time staffs of physicians which they employ to maintain their individual empire without disturbance."⁶³ Garfield concluded in 1943 that "our relations with the medical profession have been poor, chiefly because of lack of understanding of our motives, distrust of our financial plan, and fear of what it might do to the economy of private practice."⁶⁴

The antagonism of the medical community did result in some difficulties for Kaiser. In addition to the CPS, the Alameda County Medical Association also lodged objections. Local doctors at one point challenged Kaiser's claim of a local hospital shortage, which prevented the Permanente Hospital from expanding quickly. Kaiser ultimately conducted his own evaluation of

⁶⁰ Kramer, 71.

⁶¹ Hendricks, 207, 211.

⁶² Hendricks, 79.

⁶³ Qtd in Hendricks, 80-81.

⁶⁴ Garfield, "First Annual Report," 6.

existing hospital facilities and found that there was indeed a major bed shortage. The Permanente Hospital was then approved for expansion.⁶⁵ CPS physicians also embarked on a campaign to attract shipyard workers to their own medical plan, encouraging them to join the CPS plan, which would serve workers' families as well, something Kaiser did not yet provide. Garfield objected vehemently to the Regional Housing Authority's apparent support of the CPS campaign in May 1943, arguing that his health plan would soon be covering dependents, and that it was not ethical to encourage workers to leave the Kaiser plan.⁶⁶ Local physicians and AMA leaders soon grudgingly accepted the Kaiser presence, perhaps acknowledging the doctor shortage and considering shipyard workers as, on the whole, poor prospects for traditional fee-for-service collection.⁶⁷

One of the most common charges against the Kaiser Health Plan was that it represented socialism, a highly loathed public enemy. Kaiser responded to such charges with his own attack on socialism, defending his plan as "the only way we can beat socialized medicine," continuing that "socialized medicine is the opening wedge in socialization of everything in our lives." He believed that the only way to oppose socialistic medicine was to offer "something better." To Kaiser, industrial-sponsored care was the solution, "the greatest method in the world to do away with the division between capital and labor." Kaiser claimed that "when the worker knows the management is looking out for the most valuable thing in his life—his health—a sound basis of co-operation has been built up." And as Kaiser knew, satisfaction, as much as good health, was the key to employer productivity.⁶⁸

Part III: The Richmond Field Hospital

Medical Facilities for the Richmond Shipyards

The funding and equipping of medical facilities for the Kaiser shipyards was distinguished by an extremely effective cooperative relationship between industry and federal government. From the moment he took the helm of Kaiser's health plan, Sidney Garfield was aware that he needed to establish extensive medical facilities in order to serve Kaiser's thousands of workers. In the month following the introduction of the health plan, he located a building in Oakland that could be renovated for this purpose. It was an unused four-story steel-and-concrete structure that had formerly been used as the maternity wing of the now burned down Fabiola Hospital, and had been donated to the Merritt Hospital by Fabiola's trustees. Garfield, who had achieved financial successes with his hospitals at Desert Center and Grand Coulee, offered \$50,000 for the old structure in March 1942. He was reportedly in the process of arranging his own line of credit with the Industrial Indemnity Exchange when Kaiser stepped in with an offer to personally guarantee a loan to Garfield from the Bank of America for the estimated \$250,000 cost of renovations.⁶⁹ With funding in place, the building was rapidly renovated into a modern facility. Construction began April 8, and was completed by July 15.⁷⁰ The architect was Martin

⁶⁵ Hendricks, 82.

⁶⁶ Sidney Garfield to Harry Barbour, 31 May 1943, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 15.

⁶⁷ Foster, 216.

⁶⁸ "Kaiser in Talk Here Blasts U.S. Plan to Finance Everything," *St. Louis Globe-Democrat*, 20 November 1943.

⁶⁹ Smillie, 33.

⁷⁰ "Hospital Dedication Set," *Fore 'N' Aft*, 20 August 1942, 12.

Sheldon of San Francisco, with Leland and Haley engineers, and general construction under the direction of Swanston & Stahl of Oakland.⁷¹

Kaiser's backing of the medical plan was an indirect arrangement that established Garfield as the head of both the medical program and its facilities, allowing Kaiser to assume the role of "sponsor" and financier. In order to fund additional necessary structures and equipment, Kaiser and his wife Bess founded the Permanente Foundation in August 1942. A non-profit "charitable common law trust" registered in Alameda County, the Permanente Foundation was established to fund medical facilities and new construction, and redirect any profit generated by the hospitals back into the medical buildings and services.⁷² According to the foundation's founding principles, its funds could only be used for charitable and scientific purposes including medical research, provision of facilities in needy areas, medical care for the poor, and rehabilitation of returning war veterans.⁷³ This ensured that the Kaisers would personally derive no profit from the medical programs, while being able to contribute to their construction and equipping.⁷⁴ The Foundation became the owner of the hospital, assuming liability for the loan, and then leased the building back to Garfield for a sum of \$40,000 per month, later reduced to \$25,000 per month.⁷⁵ This allowed Sidney Garfield and Associates to operate the hospital, medical group, and health plan "as a single entity." All revenues that were generated by the hospital, after salaries and operating expenses, were turned over to the Foundation, and the loan was paid off within nine months.⁷⁶

The renovated and expanded Fabiola hospital was re-dedicated as the Permanente Foundation Hospital in a well-attended formal ceremony on August 21, 1942. The cost of purchase and modernization had totaled approximately \$600,000. At Kaiser's insistence the hospital grounds were landscaped, and the interior given a pleasant décor in spite of wartime restrictions. At its opening, this first hospital featured seventy beds, thirteen doctors, twenty-five nurses and thirty-two additional staff members.⁷⁷

The Permanente Foundation hospital was just one component of a three-tier health care system serving the Kaiser shipyard workers. Offering the first line of treatment were the doctors and nurses stationed at six first aid stations at the shipyards. Each station contained basic equipment including small x-ray machines, for dealing with minor injuries and stabilizing the more serious ones. These were financed and built by the United States Maritime Commission

⁷¹ E.E. Trefethen, Jr. to Henry J. Kaiser, 13 August 1942, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 126, Folder 14.

⁷² T.K. McCarthy, "Folio No. 43, Permanente Foundation Hospital," [ca. 1946], Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 272, Folder 10, 4. The name "Permanente," Spanish for "permanent" or "everlasting," was reportedly taken from an ever-flowing creek at the site of Kaiser's first cement plant in California. See Hendricks, 49; Smillie, 37.

⁷³ Garfield, "First Annual Report," 2.

⁷⁴ At the same time, Kaiser formed the Northern Permanente Foundation, which financed the construction of a hospital for Kaiser's Vancouver shipyard in August 1942.

⁷⁵ McCarthy, 5-6.

⁷⁶ Smillie, 38.

⁷⁷ Hendricks, 49.

(USMC), and equipped by Kaiser at a total cost of \$100,000.⁷⁸ These stations provided rudimentary medical care for the shipyard workers, and originally served other purposes for shipyard staff, from temporary headquarters for the Personnel, Safety, Time, and Labor departments, to early dining space.⁷⁹

Construction of the Richmond Field Hospital

The middle component of the three-tiered shipyard medical program was the Richmond Field Hospital. Originally much smaller than the Permanente Foundation hospital, the Field Hospital was located just blocks from Shipyards One and Two, at the intersection of Cutting Boulevard and Fourteenth Street (now Marina Way) in Richmond. The USMC built this hospital, like the first aid clinics. The USMC owned the property and financed the field hospital for \$60,000.⁸⁰ As befitted wartime construction, it was erected quickly, using available materials such as wood and stucco. As one chronicler wrote, of the Field Hospital, "It was necessary to create great facilities almost overnight, even though supplies and materials were under constant demand by other sources."⁸¹ Although he did not finance construction of the Field Hospital, Kaiser did contribute \$50,000 toward equipping it, transferring ownership of all furnishings and equipment to the Permanente Foundation.⁸²

Garfield agreed to pay rent of \$500 per month, later increased to \$1333 per month, to the Maritime Commission for use of the Field Hospital to treat shipyard workers through the Health Plan.⁸³ Health plan payments would fund doctors' salaries, equipment, and the rental fee, with any additional profits going into the Permanente Foundation. The Field Hospital opened on August 10, 1942, within weeks of the opening of the Permanente Foundation Hospital in Oakland. Less than a week later, the Health Plan was introduced to the first of the shipyard employees. Once the complete medical system was in place, ambulances and station wagons were parked at each of the shipyard first aid stations, ready to transport injured workers to the Field Hospital, which was administered by Ruth Watkins, personnel director; Dr. Cecil Cutting, chief of staff; and Dr. Richard Moore, assistant chief of staff.⁸⁴

The Field Hospital is a single-story wood frame structure covered by white stucco, with a flat roof. The original building encompassed 7,946 square feet, and was rectangular, with a rounded corner on the northeast side of the building recalling popular streamlined architecture (Figure 1). The hospital was set back from Cutting Boulevard, near the northeast corner of the block, and extended lengthwise southward toward Potrero Avenue. A modernist structure, the

⁷⁸ Garfield, "First Annual Report"; E.E. Trefethen, Jr. to Chad F. Calhoun, 3 July 1944, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 20; "Richmond Shipyards, Industrial Medical and Hospital Facilities," Exhibit D.

⁷⁹ "Rags to Riches," *Fore 'N' Aft*, 16 July 1943, 5.

⁸⁰ "A Health Plan for the Employees"; McCarthy, 4.

⁸¹ "Richmond Shipyards, Industrial Medical and Hospital Facilities."

⁸² Garfield, "First Annual Report"; E.E. Trefethen, Jr. to Chad F. Calhoun, 3 July 1944; E.E. Trefethen, Jr. to C.F. Calhoun, 28 May 1943, HJK papers, Carton 126, Folder 15; "Richmond Shipyards, Industrial Medical and Hospital Facilities"; McCarthy, 4.

⁸³ "Richmond Shipyards, Industrial Medical and Hospital Facilities"; W.F. Day to Sidney Garfield, 4 November 1943, HJK Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 18; McCarthy, 8.

⁸⁴ "Permanente Field Hospital Staff to Cut Cake as Third Anniversary of Famed Medical Institution is Observed," *Richmond Independent*, 11 August 1945.

building had an asymmetrical facade with a two-story square tower on the northwest corner of the building. Originally, the tower featured four dark blue medical crosses, constructed of wood and affixed to each of its sides, to help locate the hospital from a distance. On the northern and western faces of the tower are two very narrow, one-story vertical windows. The vertical line of these windows reflects the verticality of the tower and supporting pilotis, and provides a striking geometrical contrast with the horizontal lines of main building form. Continuing this theme, horizontal ribbon windows were the main decorative element on the east and west facades of the hospital. An approximately three foot bottom section of the walls was incised with narrow horizontal lines while the wall surface above had a smoother stucco finish in a subtle square pattern.⁸⁵

The main entrance was on the north side of the building, facing Cutting Boulevard. Above the double entrance doors were affixed letters reading "Field Hospital Richmond Shipyards." The doors were originally set within a wall composed of multiple small-paned windows. Four pairs of slender metal pilotis support the roof overhang over this entrance. Three long steps, running nearly the entire length of the building, lead up to the shallow terrace in front of the doors.

The main entrance led into a lobby, with doors inside leading to men and women's restrooms, which were contained inside the curved northeast corner, and to the claims office, located inside the tower. A long reception desk was located directly in front of the entrance and staffed with a row of receptionists who took information and routed patients through to the doctors.⁸⁶ Behind the desk were a doctors' and a nurses' room. A corridor to the left led to a large treatment area, divided by wall partitions into four treatment cubicles, each with its own sink and counter. These afforded patients a degree of privacy, while providing the attending physicians with access to common supplies and examination equipment. To the right of the lobby, another corridor led to four closed examination rooms, with a large workroom in the center of the building. Toward the rear of the building were two eye examination rooms, a dark room, soak room, physiotherapy room, surgery, wash room, bathroom, two small wards, labeled "A" and "B," storage and heater rooms, and a garage. Originally, the hospital had only ten beds, and was considered solely an outpatient facility. The emergency entrance was evidently located at the rear of the building, site of the garage entrance, as photographs depict the western side being used as a parking lot. The site was landscaped, with a grass lawn and shrubs planted at the base of the outside walls.⁸⁷

The First Aid stations at the Kaiser shipyards share the same angular lines as the Field Hospital, complete with a horizontal form, flat roof, ribbon casement windows, and slender metal pilotis supporting projecting awnings.⁸⁸ Modern architecture, with simple lines and relative lack of decoration, was particularly well suited to building with limited materials, as necessitated

⁸⁵ See copies of the photographs from the Kaiser Papers (Carton 287) in the field records for this project, HABS/HAER Collection, Prints and Photographs Reading Room, Library of Congress, Washington, D.C..

⁸⁶ De Kruif, 94.

⁸⁷ "Proposed Extensions" in binder marked "Proposed Development of the Permanente Foundation Hospital," 10 October 1942, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 272, Folder 10; Kaiser-Permanente Photograph Collection, Kaiser-Permanente, Oakland, California.

⁸⁸ See comparison photos of the First Aid Station and Field Hospital in the 1942 Health Plan booklet. See also "National Register Nomination, Richmond Shipyard Number Three," (San Francisco: Carey & Co, 1999), 12.

by the war. Materials such as steel, copper, iron, and others needed for the manufacture of arms and weapons, needed to be conserved. Typical homefront rhetoric argued that "Only through conservation and absolute emphasis upon military needs can we get sufficient guns and plans and tanks and canon to our soldiers. And only if we do send them more and more and more can they beat the enemy into unconditional surrender.... There can be practically no new hospitals; neither can there be hospitals as usual."⁸⁹

The architect of the Field Hospital has not been confirmed, but it is likely to have been Ed Cerruti, a local architect who worked for Kaiser.⁹⁰ Some reports indicate that Garfield himself played a role in designing the Field Hospital.⁹¹ This is certainly likely, considering his past experience designing industrial hospitals for the Los Angeles Aqueduct project. Further design assistance was almost certainly provided by the U.S. Public Health Service (USPHS). This federal office ran a Consulting Hospital Facilities Section through its State Relations Division that collaborated with architectural firms nationwide to design war hospitals. The priorities in building these were "the greatest speed and the least possible use of critical materials."⁹² The Public Health Service, it was stated, "does not design hospitals; it does give the architect, upon his request, the fruits of the latest thinking in unit design, mechanical equipment and the scores of details of which a set of working drawings is the correlated expression."⁹³ Although there is no concrete evidence that Kaiser or Garfield consulted with the USPHS in designing the Field Hospital, it seems extremely likely that they did so. Correspondence between Kaiser Company officials and officers of the U.S. Public Health Service reveals that the USPHS took a great interest in the construction and expansion of the Field Hospital's facilities.⁹⁴

Published drawings of wartime hospitals developed by architects in collaboration with the U.S. Public Health Service consultants closely resemble the Field Hospital in many respects. Wartime medical facilities and clinics from Marysville and Vallejo, California to Humboldt, Tennessee shared the same combination of horizontal forms, ribbon windows, and slender metal pilotis supporting flat roof overhangs.⁹⁵ Walls of small-paned windows, and rounded building edges were also common in these structures. One architectural design article lauded the "simple, stuccoed frame construction" of a 1941 Farm Security Administration-designed hospital in Arizona, explaining that "it well illustrates the point that even if structures are in the lowest price range—or must be regarded as temporary—this does not obviate the possibility of providing well planned, functional service buildings."⁹⁶ The stucco and wood frame, not steel, construction of the Field Hospital suggests a similar concern with affordable functionality. Small clinics featured

⁸⁹ "The Availability of Hospital Supplies and Equipment," *Hospital Progress* 24 (1943): 245.

⁹⁰ The October 1942 plan for "Proposed Extensions" to the hospital bears Cerruti's name and a Kaiser Company, Inc. imprint. The same name and imprint also appear on preliminary plans for the Maritime Child Development Center, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 23. Don Hardison, a local architect active during World War II, was able to confirm that an architect named Ed Cerruti worked for Kaiser Engineering in an August 2001 conversation with the author.

⁹¹ Smillie, 33.

⁹² "Hospitals for War Workers," *Architectural Record* 93, no. 5 (1943): 74.

⁹³ Henry Saylor, "A Challenge to Hospital Architects," *Architectural Record* 98, no. 2, (1945): 107.

⁹⁴ W.T. Harrison to Clay Bedford, 2 April 1943, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 159, Folder 25.

⁹⁵ "Hospitals for War Workers," 74.

⁹⁶ "New Buildings for Health," *Architectural Record* 90, no. 6 (1941): 50-51.

similar components, with efficient use of space in a single-story configuration.⁹⁷ One architect stated that "economical as well as practical advantages have been found in these thoroughly flexible frame structures," noting the cardinal principles of the wartime hospitals: "basementless one-floor, supported on earth fill or by isolated piers, and the light, well insulated, and amply glazed super-structure with flat or low pitched composition roof..."⁹⁸

Field Hospital Expansion

Plans for expansion to the hospital began almost immediately, when it became clear that the existing facilities were far from adequate. Additions would continue on a nearly constant basis throughout the war. "Most of our mistakes," Garfield later wrote, "came from underestimation. We could not know when we started that we would be employing 90,000 men; estimates at first involved half that number. We could not know that the physical condition of the workers would be so far below average. As a result doctors and nurses were too few in number and outpatient space and hospital beds poorly planned. The resulting strain on our personnel was very great."⁹⁹ Garfield was proud, however, of the steps taken to ameliorate the situation quickly, in order to provide the shipyard workers with the best possible medical care.

In early October 1942, Garfield informed Kaiser that he was having plans drawn for a fifty-bed addition, of wood frame construction, to the Field Hospital. He predicted that the Maritime Commission might be able to pay the estimated \$60,000 cost, or if not, that it could be charged as a government expense, being on Maritime Commission property.¹⁰⁰ An architectural drawing of "Proposed Extensions," dated October 10, 1942, was apparently the proposal referenced by Garfield (Figure 2). A floor plan also dated October 10, 1942 depicted two phases of expansion, "Annex I" and "Annex II" (Figure 3). Annex I included shallow additions on both the east and west side of the existing building, adding 2,501 square feet to the 7,946 square foot original structure. The eastern section of Annex I, less than nine feet wide and just over 68 feet in length, contained two waiting rooms and two examination rooms. The larger, L-shaped portion of Annex I on the west side of the hospital included a pharmacy, laboratory, dermatology and syphilology rooms, a women's physiotherapy unit, new eye-ear-nose-and-throat clinic, two orthopedic examining units, a number of special waiting rooms, a "modern health kitchen," and a dining room.¹⁰¹

Annex II was proposed as a roughly T-shaped, 10,621 square foot wing connected to the west side of the building. The largest section of Annex II was a wing parallel to Thirteenth Street on the west that contained wards with forty-eight beds. Annex II also included a new entrance set back from the original front plane of the building, creating a small courtyard area, bordered by the western section of Annex I on the opposite side. Later additions enveloped much of this first

⁹⁷ "Hospitals and Clinics," *Architectural Record* 89, no. 2 (1941): 61.

⁹⁸ James B. Hills, "Developments in Architecture and Interior Arrangement of Hospitals," *Hospital Progress* 26 (1945): 265.

⁹⁹ Garfield, "First Annual Report," 4.

¹⁰⁰ Sidney Garfield to Henry J. Kaiser, 3 October 1942, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 126, Folder 14.

¹⁰¹ "Proposed Extensions" in binder marked "Proposed Development of the Permanente Foundation Hospital," 10 October 1942, Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 272, Folder 10; "What's New," *Fore 'N' Aft*, 5 November 1942, 2; "Here's to Your Health," *Fore 'N' Aft*, 19 November 1942.

expansion, making evidence of it difficult to trace. However, written descriptions of the new facilities seem to corroborate the components of this proposed plan.¹⁰²

Annex I and II were completed by mid-December 1942.¹⁰³ An enormous pneumonia outbreak taxed the facilities of the new hospital that month, while the building was still under construction. With the heating system not yet functioning, an auxiliary heater had to be transported to the hospital from the shipyards.¹⁰⁴ By January, one report approvingly described the completed facility as a "100 percent self-sustaining unit." "Under the new setup," it was reported, "the field hospital will perform emergency operations as well as fulfill its original function of diagnosing illness and curing minor ailments."¹⁰⁵ A dining room improved services, and the "shiny new Field Hospital kitchen" was seen as a vast improvement, serving at least five meals per day, or 1200 individual servings per week.¹⁰⁶

An even larger addition to the hospital was in initial planning stages by April 1943, and construction began in September. Three new wings would contain 110 additional beds, for a total of 181, in addition to a number of private rooms for the very ill. Also to be built were four new, modern operating rooms; a room devoted to eye, ear, nose, and throat surgery; a new large plaster cast room; an expanded clinical laboratory and x-ray department; and a new kitchen and dining room.¹⁰⁷ The addition, which would cost approximately \$200,000, was also said to contain a "modern maternity division" and pediatric unit.¹⁰⁸ These latest features, to include "thirty-eight maternity beds and bassinets, one labor and three delivery rooms, twelve beds for pediatrics" were noted with approval by the USPHS.¹⁰⁹

In order to finance the additions, it was suggested that the Maritime Commission transfer its interest in the hospital to the Federal Works Administrator (FWA) in accordance with the Lanham Act, in order to access thousands of dollars in federal aid. The Lanham Act enabled millions of dollars worth of construction in wartime boomtowns across the country. Rep. Fritz Lanham (D-TX) had originally proposed the bill in the fall of 1940 to enable construction of housing for workers and their families who had migrated to defense areas nationwide. As a defense-housing program, this legislation fell under the auspices of the FWA. An amendment to this act, passed in 1941 as H.R. 4545, added funds for the establishment of necessary social services, including hospitals, schools, and recreational facilities, in these same defense communities.¹¹⁰ The Act gave the FWA the power to acquire lands needed for the public works described.

¹⁰² "Proposed Extensions." Although there is no photographic documentation of this stage of construction, it seems likely that both additions were built in accordance with this plan.

¹⁰³ Garfield, "First Annual Report," 4.

¹⁰⁴ "Permanente Field Hospital Staff to Cut Cake."

¹⁰⁵ "News from the Sick Bay," *Fore 'N'Aft*, 8 January 1943, 11.

¹⁰⁶ The chef in this kitchen apparently considered his role to be a critical component of the health care services, saying, "All I figure is...if people are sick, they gotta eat to get well. And if people are well, they gotta eat or get sick." "Turkey in the Raw," *Fore 'N'Aft*, 12 February 1943, 11.

¹⁰⁷ "Hospital News," *Fore 'N'Aft*, 14 May 1943, 11.

¹⁰⁸ "Richmond Shipyard Workers Families to Get Needed Hospital Facilities," Press Release, [c. 1943], Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 22.

¹⁰⁹ W.T. Harrison to Clay Bedford, 2 April 1943.

¹¹⁰ Susan Elizabeth Riley, "Caring for Rosie's Children: Child Care, American Women and the Federal Government in the World War II Era" (Ph.D. diss., University of California, Berkeley, 1996), 347-48.

The transfer was approved in November 1943, and the FWA then funded the hospital expansion.¹¹¹ Because the FWA could only lease a building to a public body or non-profit organization, the Permanente Foundation stepped in at this time to lease the building, in turn subletting it to Sidney Garfield, for \$2500 per month. In April 1944, it was agreed that the FWA would purchase the furnishing and equipment for the hospital from the Permanente Foundation.¹¹² The rent was reduced to \$750 per month on March 1946, as decreased capacity in the hospital made it impossible for Garfield to pay the higher cost.¹¹³

A December 1943 illustration of the proposed expansion appears identical to the current form of the hospital, with a long wing extending from the northwest corner along Thirteen Street to Cutting Boulevard, the Annex II entrance courtyard partially filled, and the building expanded to the edges of the block on every other side.¹¹⁴ The new facilities included additional wards and operating rooms, expanded X-ray and laboratory departments, increased space for a staff of five eye-ear-nose specialists, a large skin clinic, nine examination and treatment offices, an expanded orthopedic clinic, seven offices, and a new clinic devoted to diseases and injuries of women.¹¹⁵ Twenty beds of the addition were available by January, with the addition being completed in March.¹¹⁶

With a new entrance constructed to the west of the tower for the 1943 expansion, the original entrance became the outpatient department, identified by letters affixed above the doorway. The words "Richmond Field Hospital" were then affixed over the new entrance, which led to a larger lobby. Additional expansions were evidently completed in the summer of 1944 and again in the summer of 1945, but it is unclear whether these were internal renovations or actual additions to the building.¹¹⁷ Architecturally, the various additions followed the same plain, functional lines as the original hospital, with a smaller overhang over the new entrance, supported by two pairs of metal pilotis. A fountain and seating area were located to the east of the entrance, directly adjacent to the tower. The emergency entrance moved to Fourteenth Street, on the east side of the building. The final cost of the hospital, including all additions, was \$617,000.¹¹⁸

External examination of the field hospital during August 2001 suggests that the currently extant building was completed within this short period of time because of the relative uniformity

¹¹¹ McCarthy, 4.

¹¹² Chad F. Calhoun to E.E. Trefethen, 3 July 1944.

¹¹³ McCarthy, 8.

¹¹⁴ "Don't Be a Serious Case!" *Fore 'N'Aft*, 3 December 1943, 5. For a copy of this article see the field records for this project in the Prints and Photographs Reading Room, Library of Congress, Washington, D.C..

¹¹⁵ "Don't Be a Serious Case!" *Fore 'N'Aft*, 3 December 1943, 5.

¹¹⁶ Garfield, "First Annual Report," 4; "Additions to Shipyards Hospital Near Completion," *Richmond Independent*, 3 February 1944, 16.

¹¹⁷ In July 1944, Sidney Garfield reported that a new addition to the Field Hospital would be completed about August 1, and result in "an increased medical staff which will to a large extent eliminate unnecessary waiting." "Squawks," *Fore 'N'Aft*, 14 July 1944, 2. Another article reports that "Improvement and enlargement of the Permanente Field Hospital at a cost of at least \$25,000 began last week as part of the over-all program to extend the facilities of the Health Plan to all persons living in the Eastbay." "Field Hospital Expands," *Fore 'N'Aft*, 3 August 1945, 3.

¹¹⁸ McCarthy, 4.

of materials and construction techniques. The 1951 Sanborn Fire Insurance map also indicated the present footprint of the building was in place at least by that year (Figure 4).¹¹⁹ Mainly cosmetic changes such as painting, repairing stucco, and replacing doors have occurred over the years. The medical cross on the front of the hospital tower was removed, and the name of the hospital was affixed there. A ghost of these letters is still visible on the stucco wall surface. The window wall of the original portion of the building was subsequently filled in; that portion of the façade is now solid with a single door on the far left side and two small windows to the right. A six-foot fence has been installed around this original front entrance.

Facilities and Services

The expansions allowed for increased services, enabling the transition of the hospital from a glorified First Aid station to a full-service medical facility. Very soon, shipyard workers could visit either the Permanente Foundation or the Richmond Field Hospital for a whole variety of industrial and non-industrial complaints, as well as preventive care. In 1943, the Field Hospital averaged 23,787 patient visits per month, compared to 98,069 at the First Aid Stations, and 7,188 at the Permanente Hospital. However, the average number of admissions per month was only 224 at the Field Hospital, compared to 392 at Permanente. As these numbers indicate, the close proximity of the Field Hospital to the shipyards resulted in more emergency visits, while the Permanente Hospital housed a greater number of inpatient and surgical cases.¹²⁰

The various clinics at the Field Hospital demonstrated the attention paid to preventive care. The plan covered immunizations, inoculations, and blood tests.¹²¹ Sexually transmitted diseases were a major focus of concern, as they occurred at a higher percentage among shipyard workers than in the general population. A public health committee was formed, with major objectives including the control of communicable diseases, from venereal disease to tuberculosis; industrial, maternal, and child hygiene; and health education.¹²² Nutrition was also a focus of educational programming, with great attention paid to workers' diets.¹²³ Lunch-hour loudspeaker programs at the shipyards, and the weekly *Fore 'N' Aft* newsletter were often used to distribute information concerning various health programs and tips, from placement of women workers to control of venereal disease.¹²⁴

Many of the programs and services catered specifically to the high number of female Kaiser employees. When shipyard administration became aware that many women were leaving the yards because they felt unable to keep up with the physical requirements, a staff gynecologist conducted a study of these women. She found that with proper instruction in physical training, including lessons on how to lift, to climb various kinds of ladders with and without loads, women could perform much more efficiently, safely, and effectively, than they had earlier anticipated. The gynecological staff also established a cancer detection clinic, and the medical

¹¹⁹ Sanborn Map Company, *Richmond, California* (New York: Sanborn Map Company, 1951).

¹²⁰ "Permanente Foundation and Field Hospitals and First Aid Stations 1943," Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 271, Folder 23.

¹²¹ Sidney Garfield to Alfred W. Jones.

¹²² "Caring and Growing since 1942," Pamphlet, "Hospitals" Vertical File, Richmond Collection, Richmond Public Library, 2.

¹²³ Hendricks, 58.

¹²⁴ Kramer, 69.

staff disseminated materials promoting periodic examinations, early detection, and available treatments.¹²⁵

The addition begun in the spring of 1943 allowed for families of the shipyard workers to be taken care of in the Field Hospital by their own physicians, although they would still not be included in the Health Plan. This provided a great service to the city, as its population was quickly outgrowing existing medical facilities. Up to this point, the hospital had been serving workers' families only in cases of emergencies.¹²⁶ The new facilities included "complete gynecology, obstetric, surgery, medical, orthopedic and all allied clinics," which operated on a twenty-four-hour basis. Additionally, as an experimental program, families living in the Harbor Gate and other residential developments were invited to visit the hospital for emergency treatment and office appointments on a fee-per-service basis.¹²⁷

At first, pre-natal and maternity care were not covered by the plan, although a pre-natal care program for female workers was made available, for a fee, by October 1943. Women were encouraged to report their pregnancies to their supervisors as soon as possible, and if they chose to continue working, were transferred to jobs that involved "no danger or strain." A pre-natal program carried women through pregnancy into the first month of motherhood.¹²⁸ By July 1944, the Field Hospital contained a pediatric ward with fourteen beds and a nursery for babies born in the hospital. A pediatrician was on duty every day until 12 p.m., including Sunday. There were also pediatric clinics and six well-baby clinics at other locations in Richmond.¹²⁹ A new children's clinic opened in the D Ward of the Field Hospital in April 1945, taking the place of clinics in other Richmond locations, such as Garrard Boulevard and Harbor Gate.¹³⁰ The pediatrics waiting room was decorated with Disney characters.

The Field Hospital seemed to have experienced chronic overcrowding and long waits, due to the high demand for its services. For their part, the staff made an effort to be very responsive to the needs of its patients. A Hospital Committee was formed of employees and supervisors from the various shipyards, along with hospital staff. A questionnaire sent out in mid-1943 by Health Plan director A. L. Brodie resulted in many changes at the Field Hospital. Additional doctors were added to the staff, for a total of more than seventy. Appointments were arranged as far in advance as possible, to avoid long waits, which had been heavily criticized. Nurses were added to assist doctors in house calls. The Field Hospital also set aside four hours daily, from 6 p.m. to 10 p.m., to conduct physical examinations of the workers, by appointment, a schedule obviously established to cater to the workers, and to avoid taking up the time of doctors during the day.¹³¹

In February 1943, as part of a general effort to boost morale, a program was introduced by which a contact man made the rounds of the hospitals daily, "to take care of the many needs of hospitalized employees which cannot be taken care of by the normal hospital routine." These

¹²⁵ Kramer, 70.

¹²⁶ "Richmond Shipyard Workers Families to Get Needed Hospital Facilities."

¹²⁷ "Additions to Shipyards Hospital Near Completion," 16.

¹²⁸ "Sally's Going to Have a Baby," *Fore 'N' Aft*, 22 October 1943, 3.

¹²⁹ "All-Americans 1963," *Fore 'N' Aft*, 7 July 1944, 16.

¹³⁰ "Expansion at Field Hospital," *Fore 'N' Aft*, 13 April 1945, 7.

¹³¹ "Improved Service," *Fore 'N' Aft*, 8 October 1943, 6.

included such services as distributing magazines, radios, and games from shipyard donations; assisting patients with their bank deposits; and sending messages to relatives.¹³² A Welfare Department, consisting of four therapy and four welfare workers, plus two representatives of Alcoholics Anonymous, was also established, to look after the mental health of patients. This staff also provided activities for patients, including crafts projects such as weaving and crocheting.¹³³

The hospital's non-discriminatory policies offered equal care to all, and all of the Kaiser hospitals appear to have been fully integrated. One contemporary reporter, noting the racial diversity of patients in line for treatment and in neighboring hospital beds, remarked in 1943 that "Illness knows no color line here," as he noted, in the language of his day, that "Red-helmeted men, lady welder, negroes lined up for a check-up by the busy young doctors."¹³⁴ According to one company official, this early unsegregated policy explains why civil rights activists did not attack the Permanente hospitals for discrimination after the war, as were many other California medical institutions.¹³⁵

Because fractures, sprains, dislocations, and other similar injuries were so common at the shipyards, orthopedics appeared to have been a specialty, with seven specialists in orthopedics, a resident intern, and "all the equipment known to modern orthopedic science" housed at the Field Hospital. In a single month in 1945, a total of 4938 patients with bone, muscle and joint injuries were admitted to the Permanente and Field Hospitals combined.¹³⁶

Coverage of workers' dependents was finally added when the Family Health Plan was introduced in March 1945. It offered the same services to workers' spouses and children that it had long provided for regular employees, including medical, surgical, and diagnostic services, eye examinations and dental x-rays, 111 days of hospitalization including x-rays, lab tests, anesthesia and more. Fees were seventy-five cents per week for a worker's spouse, fifty cents for one child, and one dollar a week for two or more children, with a maximum of \$2.25 per week for families of four and over. Ex-employees and their immediate families could also get coverage.¹³⁷ The first man to join the Family Health Plan was Burkhart Fleury, a shipworker with a wife and ten children, who affirmed happily that "My eight kids they treat for nothing. For only two I pay."¹³⁸ The offering of non-industrial care was extremely popular, requiring Garfield at one point to establish admission criteria, such as good attendance records or a willingness to purchase war bonds, to enroll only the most highly motivated clients.¹³⁹ The Field Hospital returned to an outpatient function only with the \$1.5 million addition to the Permanente

¹³² T.A. Bedford, Jr. to Sidney Garfield et al., 28 January 1943. Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 18.

¹³³ "Gloom Chasers," *Fore 'N'Aft*, 4 February 1944, 18-19.

¹³⁴ Nick Bourne, "Most Shipyard Patients Take Any M.D. Offered; Not Very Sick Anyhow," *San Rafael Independent*, 9 October 1943.

¹³⁵ Hendricks, 58.

¹³⁶ "A Big Part of the Hospital Business," *Fore 'N'Aft*, 6 July 1945, 6.

¹³⁷ "To Your Health," *Fore 'N'Aft*, 16 March 1945, 6; "Family Health Plan Opened Wide," *Fore 'N'Aft*, 30 March 1945, 1-2.

¹³⁸ "First Man to Join Family Health Plan," *Fore 'N'Aft*, 23 March 1945, 6.

¹³⁹ Smillie, 40.

Foundation Hospital in August 1945. After being stabilized, emergency patients were then transferred to the Oakland facility for hospitalization.¹⁴⁰

Part IV: Postwar Developments

With the end of the war in May 1945 and subsequent dismantling of the wartime shipyards, the Kaiser Permanente Health Plan branched off from Kaiser Industries, developing as an independent nonprofit trust, and opening to the public in July 1945.¹⁴¹ By the end of that month, approximately 50,000 workers had left their positions at the Richmond shipyards.¹⁴² By the end of November 1945, shipyard employment had dropped from a peak of 90,000 to approximately 8500 employees, with health plan enrollment dropping from 76,000 to 7500. Enrollment in the plan was at that point open to organized groups such as unions, businesses, and clubs, with individual enrollees accepted "upon examination."¹⁴³ Although there were still fifty-five physicians on staff in November 1945, many of the Kaiser doctors soon left to start their own traditional practices, and the medical staff fell quickly from a peak of seventy-five physicians to a dozen.¹⁴⁴ Garfield and Associates began to actively recruit outside clients, including residents of Richmond housing projects, and civilian employees of the Naval Air Station in nearby Alameda. Within six months, membership had risen considerably, and by the end of the first year of public operation, Kaiser employees made up only 15 percent of the members of northern California's Permanente Health Plan. On a national level, enrollment grew to half a million members by the mid-1950s.¹⁴⁵

After the war's end, the Richmond Field Hospital was again certified as a general treatment facility, accepting inpatients. Its available space made it attractive to Kaiser researchers as a site of medical research. A laboratory for comparative biology research was planned for the hospital under the supervision of Ellsworth Dougherty, M.D., in February 1959. This lab employed a staff of thirty people. The City Building Division approved the \$12,000 interior remodeling of the D Ward into laboratory facilities, on the Potrero and South 14th Street corner of the hospital. In July, the Kaiser Foundation Research Institute moved their laboratory devoted to medical entomology research, headed by Benjamin F. Feingold, M.D., from San Francisco to the Field Hospital. This lab employed forty research scientists, and the two laboratory divisions were housed in the hospital building until more permanent facilities could be arranged.¹⁴⁶

In 1968, the hospital reportedly contained fifty-eight beds. It was licensed for eighty-six, but outpatient services had crowded into the space for inpatients. The fifty-eight beds were divided into forty-six medical and post-surgery beds, plus twelve psychiatric beds. Outpatient services were said to be "exceptionally complete," and operated only from 9:00 a.m. to 5:30 p.m.

¹⁴⁰ "Permanente Field Hospital Staff to Cut Cake."

¹⁴¹ Hendricks, 2.

¹⁴² Hendricks, 65.

¹⁴³ Sidney Garfield to Charles Kramer, 23 November 1945, 1. Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley, Carton 287, Folder 20.

¹⁴⁴ Garfield to Kramer, 23 November 23 1945; Smillie, 50.

¹⁴⁵ Hendricks, 65-66.

¹⁴⁶ "Kaiser Plans for Hospital Improvement," *Richmond Independent*, 27 February 1959; "Kaiser Hospital Staff Moves Here," *Richmond Independent*, 29 July 1959; "Kaiser Plans Institute Here," *Richmond Independent*, 26 February 1959.

on weekdays, with a few clinics operating on Saturday, and Sunday open only for emergencies. The hospital employed 150 staff members and thirty-five full-time physicians.¹⁴⁷

In December 1973, the Kaiser Company purchased a little over five acres of land in downtown Richmond from the Richmond Redevelopment Agency for \$893,592 for the construction of a new hospital, doctors' office building and parking structure. The hospital was intended to replace the Field Hospital, the appearance of which was called "tacky" by Morel Marshall of the Kaiser group. Construction of the new facility was delayed, however, due to "poor economic conditions and opposition by health planning officials," including the Bay Area Health Planning Council, which did not believe a new medical facility was warranted.¹⁴⁸

The groundbreaking, which was attended by original Kaiser physicians Sidney Garfield and Cecil Cutting, did not occur until March 30, 1977.¹⁴⁹ The new medical offices opened in 1979, with many departments including Pediatrics, Surgery, Ob/Gyn, Dermatology, Optometry and Ophthalmology, moving there from the Field Hospital. Remaining at the old facility, now referred to as the "Richmond Medical Center," were an Emergency department, Inpatient services, Physical Therapy, a Pharmacy, and night and weekend Pediatric, Ear, Nose, and Throat, Orthopedics, and Medical clinics.¹⁵⁰

In 1986, the Field Hospital was still being used for a number of inpatient and outpatient, emergency, and laboratory services. Facing Cutting Boulevard were administrative, business, and personnel offices, the front lobby, acute clinic, and physical therapy facilities. The emergency entrance was located on the Marina Way South, or east, side of the building, with emergency and x-ray facilities taking up the building's center. On the south side were laboratories and the cafeteria. On the Thirteenth Street side were chemotherapy and respiratory therapy facilities, a CCU/ICU unit, social services, and the A-Ward. A pharmacy was also included.¹⁵¹

The Kaiser-Permanente Health Plan continued to expand, defined as a "health maintenance organization," or HMO, by the Federal HMO Act of 1973. At this point, the Kaiser-Permanente Health Plan had more than 2.1 million members and had begun expansion to the East Coast.¹⁵² By 1990, the plan covered twelve regions across the country, and included more than 6.5 million members, including almost one-third of the regional population of Northern California, where the plan first began, nearly five decades before.¹⁵³ The Field Hospital continued to operate as a functional medical facility through the early 1990s. Patients arriving in the emergency room were stabilized and then transported to the nearest Kaiser or other nearby

¹⁴⁷ "Richmond, California, Comprehensive Program Submission," (Richmond: Model Cities Program, December 1968) 7.1-5 and 7.1-6. Richmond Collection, Richmond Public Library.

¹⁴⁸ "Hospital Site is Purchased," *Richmond Independent*, 11 December 1973; "New Kaiser Hospital is Stalled," *Richmond Independent*, 12 September 1975.

¹⁴⁹ "Richmond Groundbreaking," Press Release, Kaiser Permanente Medical Centers, 28 March 1977, "Hospitals" vertical file, Richmond Collection, Richmond Public Library.

¹⁵⁰ "Medical Services Directory," Kaiser Permanente Medical Center, February 1979, "Hospitals" vertical file, Richmond Collection, Richmond Public Library.

¹⁵¹ "Richmond Health Care Directory," May 1986, "Hospitals" vertical file, Richmond Collection, Richmond Public Library.

¹⁵² Hendricks, 2, 63.

¹⁵³ Hendricks, 2.

hospital, "depending on the severity of the injury." Some patients did stay at the hospital, but they were not surgical patients.¹⁵⁴ In September 1995, with the completion of the last segment of a new \$56 million four-building Kaiser Permanente medical complex in downtown Richmond, the Field Hospital was finally closed, and its remaining services were moved into the new structure.¹⁵⁵

The Islamic Community of Northern California purchased the Field Hospital building in 1999, as part of an effort to sell off Kaiser Permanente surplus property. The group, a nonprofit organization, has plans to renovate the building into a community center and mosque, complete with Islamic architectural features. The National Park Service has expressed interest in preserving the property for historic purposes, in association with the new Rosie the Riveter/World War II Homefront National Historical Park, which was established in October 2000.¹⁵⁶ Since its 1995 closure, the hospital has deteriorated, mainly due to roof leaks and water damage. The stucco is discolored and windows are broken. The basic structure, however, appears intact. A building assessment study was scheduled to take place in August 2001, in order to determine the present condition and seismic integrity of the structure.

Although somewhat neglected in appearance, the Richmond Field Hospital maintains its significant status as a founding component of the Kaiser Permanente health care system. As one of the remaining World War II-era structures in Richmond, it represents an important historical moment, when thousands of workers converged on the small city to produce the hundreds of Liberty ships that helped to lead the Allied forces to victory. The Field Hospital is an outstanding contribution to the important narrative of the World War II American homefront, demonstrating the great efforts made to provide social services to the thousands of men and women who labored in the defense industries during the war.

¹⁵⁴ "Kaiser Begins Work on \$66 million expansion project," *Oakland Tribune*, 15 June 1992, A-1.

¹⁵⁵ "Kaiser Ready for Richmond Hospital to Open This Week," *West County Times*, 17 September 1995, 6A.

¹⁵⁶ "Park Service Wants Say in Site," *West County Times*, 3 September 2000, 31.

Part V: Bibliography

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The Henry J. Kaiser Papers (Manuscript Collection 83/42c), at the Bancroft Library on the campus of the University of California, Berkeley, is an enormous repository of 300+ cartons of Kaiser-related material. The library's collections are accessible to the general public upon registration. The collection includes correspondence, photographs, newsletters, administrative records, scrapbooks, construction plans, and more. Detailed finding aids are available online and at the Bancroft Library. The Richmond Public Library maintains a separate Richmond Collection of materials relating to Richmond, including vertical files, published and unpublished works, and a large collection of the Richmond Shipyards' official newsletter, *Fore 'N' Aft*. The Oakland offices of Kaiser Permanente house a large photographic collection that includes binders of historic photographs of the Permanente Hospital and Richmond Field Hospital.

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Note:

Kaiser-Permanente Headquarters in Oakland is in possession of several interviews with members of the original medical staff of the Richmond Field Hospital, including Sidney Garfield, which were not available for this report. Legal permission to use these interviews may be available for future use by researchers affiliated with the National Park Service. Contact Steve Gilford at sageprod@aya.yale.edu or 707-763-3468 for more information.

Figure 1: Field Hospital, 1942 (view from corner of Cutting Blvd. and 14th St. before expansion)
Source: Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley

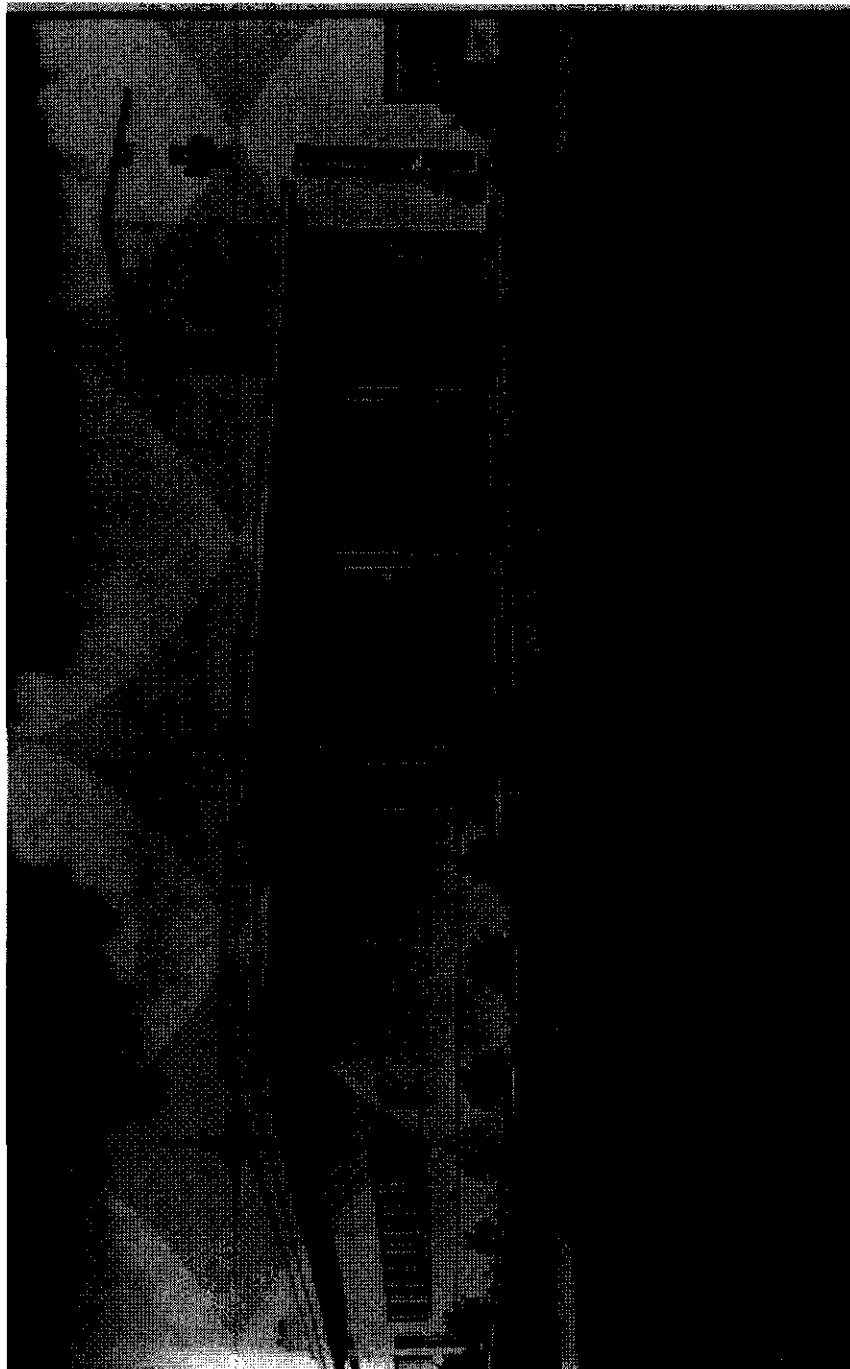


Figure 2: Proposed Expansion of Existing Field Hospital, October 10, 1942,
(elevated view from corner of Cutting Blvd. and 13th St.)
Source: Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley

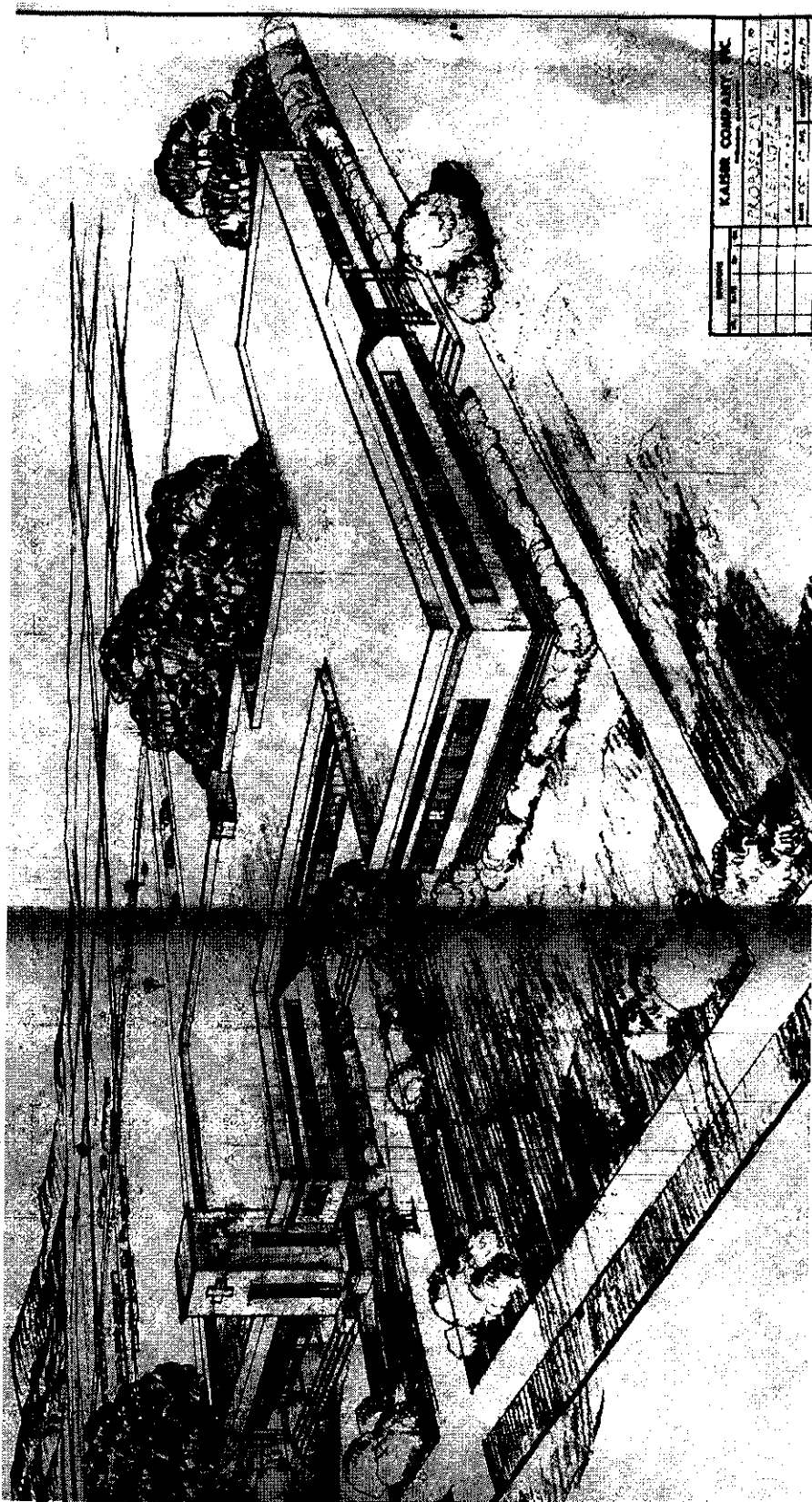


Figure 3: Floor Plan of Proposed Extensions to Field Hospital, October 10, 1942
Source: Henry J. Kaiser Papers, Bancroft Library, University of California, Berkeley

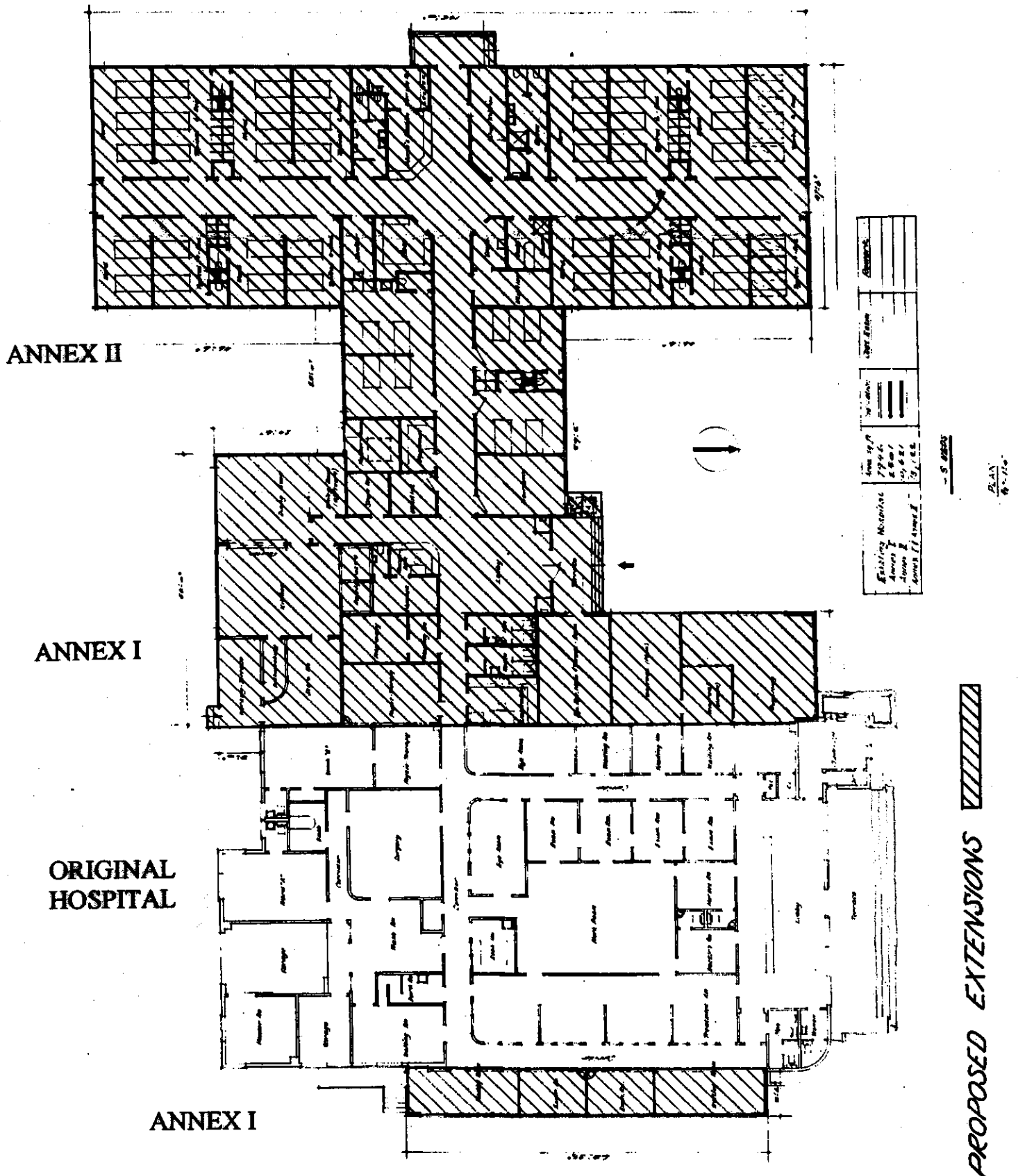
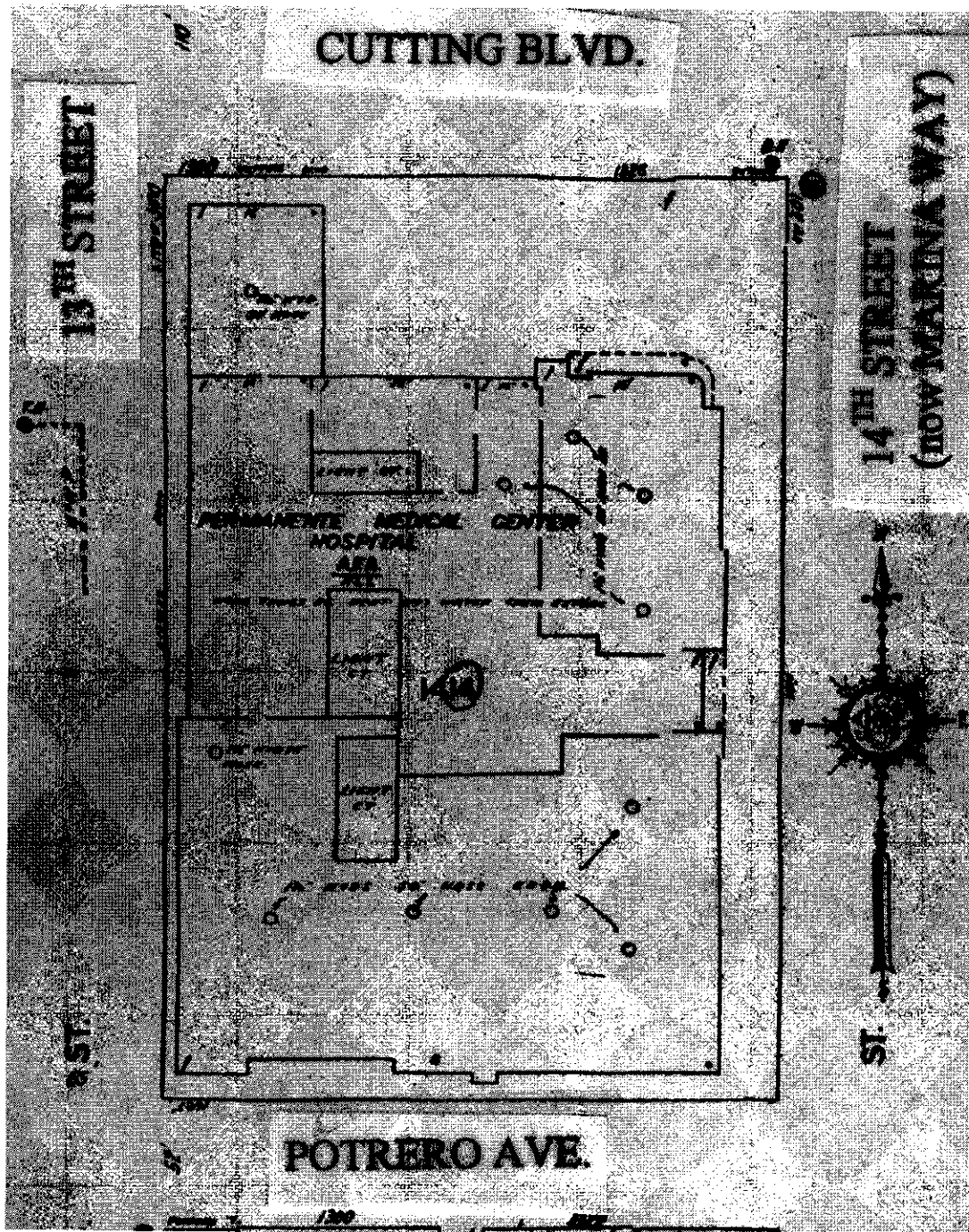


Figure 4: Richmond Field Hospital
Source: adapted from *Sanborn Fire Insurance Map*, Richmond, California, 1951



ADDENDUM TO:
RICHMOND FIELD HOSPITAL
(Kaiser-Permanente Hospital)
Rosie the Riveter WW II Home Front National Historical Park
1330 Cutting Boulevard
Richmond
Contra Costa County
California

HABS No. CA-2720
CAL,7-RICH,4-

PHOTOGRAPHS

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